



Dart Aerospace Ltd.  
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Canada

Tel (613) 632-5200

APR 19 2018

**D407-549-017**  
**Job Sheet 174547**



**Part No:** D407-549-017

**Job Qty:** 2 ea

**Part Name:** High Slope Avionics Console



**Part Weight:** 0 lbs

**Status:** Scheduled

**Priority:** Medium

**Job Created:** 3/16/18

**Job Tracking No:**

**Due Date:** 4/25/18

**Created By:** Michelle Gagnon-Donovan

**Type:** SOLD

**Description:**

**Note:** IIN-D407-549 REV A IPP Rev:A New Issue 06-01-03 JLM IPP Rev:B 10.06.30 fixe qty of washer & screw DD  
verf:EC

**Ship Via:**

### Bill of Materials

### Job Routing

| Op No | Operation          | Qty   | Start Date | Due Date | Standard  |         | Workcenter/Supplier   |           | Sign-off    |
|-------|--------------------|-------|------------|----------|-----------|---------|-----------------------|-----------|-------------|
|       |                    |       |            |          | Setup hrs | Run Hrs | Workcenter / Supplier | Lead Time |             |
| 90    | Start up Operation | 2 Ea  |            | 4/25/18  | 0.00      | 0.00    | Start Up Stores/Pkg-1 |           | APR 26 2018 |
| 110   | Packaging          | 2 pcs |            | 4/25/18  | 0.00      | 0.00    | Packaging1-4          |           | APR 26 2018 |
| 120   | QC                 | 2 pcs |            | 4/25/18  | 0.00      | 0.00    | QC4                   |           | 58          |
| 125   | DC                 | 2 pcs |            | 4/25/18  | 0.00      | 0.00    | DC                    |           | 9-89        |
| 130   | Packaging          | 2 pcs |            | 4/25/18  | 0.00      | 0.00    | Packaging3-2          | DAS       | APR 27 2018 |
| 140   | QC21-FG            | 2 Ea  |            | 4/25/18  | 0.00      | 0.00    | QC21                  | 21 9-89   | 58          |

Part Op 125 - Photocopy bluefile & type labels per PPPD407-549-017 CHG002  
Descriptions: 130 - identify and pack for shipping as per PPP D407-549-017 Location:FG020

### Job BOM

| Part / Item   | Component Name        | Quantity      | Operation             | Container |
|---------------|-----------------------|---------------|-----------------------|-----------|
| D206-547-11   | Angle, Console        | 4 Ea (2 ea)   | 90-Start up Operation | 5043835   |
| D2163         | Cap Angle             | 2 Ea (1 ea)   | 90-Start up Operation | 586960    |
| D407-547-047  | Console High Slope    | 2 Ea (1 ea)   | 90-Start up Operation | 5063704   |
| MS20470AD4-5  | Rivet, Universal Head | 56 Ea (28 ea) | 90-Start up Operation | 5018536   |
| MS27039-1-08  | Screw                 | 32 Ea (16 ea) | 90-Start up Operation | 5020602   |
| NAS1149D0332J | Washer                | 32 Ea (16 ea) | 90-Start up Operation | 5020606   |

### Job Allocations

| Operation             | Component Part | Required | Inventory | Allocated |
|-----------------------|----------------|----------|-----------|-----------|
| 90-Start up Operation | D206-547-11    | 4        | 8         | 0         |
|                       | D2163          | 2        | 42        | 0         |
|                       | D407-547-047   | 2        | 0         | 0         |
|                       | MS20470AD4-5   | 56       | 3,686     | 0         |
|                       | MS27039-1-08   | 32       | 705       | 0         |
|                       | NAS1149D0332J  | 32       | 3,455     | 0         |

### Part Specifications

Specifications could not be found.

5065577

Plex 3/16/18 4:02 PM Dart.Gagnon.Michelle

|                                          |                                |
|------------------------------------------|--------------------------------|
| 1. Name of the organization              | 2. Address                     |
| 3. City                                  | 4. State                       |
| 5. Zip                                   | 6. Telephone                   |
| 7. Fax                                   | 8. E-mail                      |
| 9. Website                               | 10. Other contact information  |
| 11. Name of the person to be interviewed | 12. Title                      |
| 13. Address                              | 14. City                       |
| 15. State                                | 16. Zip                        |
| 17. Telephone                            | 18. Fax                        |
| 19. E-mail                               | 20. Other contact information  |
| 21. Name of the person to be interviewed | 22. Title                      |
| 23. Address                              | 24. City                       |
| 25. State                                | 26. Zip                        |
| 27. Telephone                            | 28. Fax                        |
| 29. E-mail                               | 30. Other contact information  |
| 31. Name of the person to be interviewed | 32. Title                      |
| 33. Address                              | 34. City                       |
| 35. State                                | 36. Zip                        |
| 37. Telephone                            | 38. Fax                        |
| 39. E-mail                               | 40. Other contact information  |
| 41. Name of the person to be interviewed | 42. Title                      |
| 43. Address                              | 44. City                       |
| 45. State                                | 46. Zip                        |
| 47. Telephone                            | 48. Fax                        |
| 49. E-mail                               | 50. Other contact information  |
| 51. Name of the person to be interviewed | 52. Title                      |
| 53. Address                              | 54. City                       |
| 55. State                                | 56. Zip                        |
| 57. Telephone                            | 58. Fax                        |
| 59. E-mail                               | 60. Other contact information  |
| 61. Name of the person to be interviewed | 62. Title                      |
| 63. Address                              | 64. City                       |
| 65. State                                | 66. Zip                        |
| 67. Telephone                            | 68. Fax                        |
| 69. E-mail                               | 70. Other contact information  |
| 71. Name of the person to be interviewed | 72. Title                      |
| 73. Address                              | 74. City                       |
| 75. State                                | 76. Zip                        |
| 77. Telephone                            | 78. Fax                        |
| 79. E-mail                               | 80. Other contact information  |
| 81. Name of the person to be interviewed | 82. Title                      |
| 83. Address                              | 84. City                       |
| 85. State                                | 86. Zip                        |
| 87. Telephone                            | 88. Fax                        |
| 89. E-mail                               | 90. Other contact information  |
| 91. Name of the person to be interviewed | 92. Title                      |
| 93. Address                              | 94. City                       |
| 95. State                                | 96. Zip                        |
| 97. Telephone                            | 98. Fax                        |
| 99. E-mail                               | 100. Other contact information |

## High Slope Avionics Console

**PART NO: D407-549-017**

**Serial No/Batch: S065577**

## Revision:

**Operation: Packaging**

**Change No: CHG002**

**Mfg Date: 04/26/18**  
**Job No: 174547**

Job No: 174547

REFERENCE ONLY

## 4. WEIGHT AND BALANCE

| Installation | Weight            | LATERAL     |                    | LONGITUDINAL      |                           |
|--------------|-------------------|-------------|--------------------|-------------------|---------------------------|
|              |                   | Arm         | Moment             | Arm               | Moment                    |
| D206-549-011 | 2 lbs<br>0.907 kg | 0 in<br>0 m | 0 lbs-in<br>0 kg-m | 48.0 in<br>1.22 m | 96.00 lbs-in<br>1.11 kg-m |
| D206-549-013 | 2 lbs<br>0.907 kg | 0 in<br>0 m | 0 lbs-in<br>0 kg-m | 48.0 in<br>1.22 m | 96.00 lbs-in<br>1.11 kg-m |
| D407-549-015 | 2 lbs<br>0.907 kg | 0 in<br>0 m | 0 lbs-in<br>0 kg-m | 48.0 in<br>1.22 m | 96.00 lbs-in<br>1.11 kg-m |
| D407-549-017 | 2 lbs<br>0.907 kg | 0 in<br>0 m | 0 lbs-in<br>0 kg-m | 48.0 in<br>1.22 m | 96.00 lbs-in<br>1.11 kg-m |

## 5. PARTS LIST

| -011 | -013 | -015 | -017 | Part Number  | Description                          |
|------|------|------|------|--------------|--------------------------------------|
| X    |      |      |      | D206-549-011 | LOW SLOPE CONSOLE INSTALLATION, 206  |
|      | X    |      |      | D206-549-013 | HIGH SLOPE CONSOLE INSTALLATION, 206 |
|      |      | X    |      | D407-549-015 | LOW SLOPE CONSOLE INSTALLATION, 407  |
|      |      |      | X    | D407-549-017 | HIGH SLOPE CONSOLE INSTALLATION, 407 |
| REF  | REF  | REF  | REF  | D1038-58     | FASTENER RAIL                        |
| REF  | REF  | REF  | REF  | D1038-58B    | FASTENER RAIL, BLACK                 |
| 1    | 1    | 1    | 1    | D2163        | CAP ANGLE                            |
| 1    |      |      |      | D206-547-041 | 206 LOW SLOPE CONSOLE ASSEMBLY       |
|      | 1    |      |      | D206-547-043 | 206 HIGH SLOPE CONSOLE ASSEMBLY      |
|      |      | 1    |      | D407-547-045 | 407 LOW SLOPE CONSOLE ASSEMBLY       |
|      |      |      | 1    | D407-547-047 | 407 HIGH SLOPE CONSOLE ASSEMBLY      |
| 2    | 2    | 2    | 2    | D206-547-11  | ANGLE                                |
| 28   | 28   | 28   | 28   | MS20470AD4-5 | RIVET                                |
| 14   | 14   | 16   | 16   | AN960JD10L   | WASHER                               |
| 14   | 14   | 16   | 16   | MS27039-1-08 | SCREW                                |

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Revision: A

Date: 01.02.08



## Change Record

PAGE 1 OF 1

**Part Number:** D206-549-017

Description: CONSOLE INSTALLATION

[illegible]

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |                                                                                                                                                     |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|-----------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |  |  |                                                                                                                                                     |  |  |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | Step #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  | MRB (QSI042) Approval<br><br><br>Completed By<br><br><br>Lead hand / Supervisor<br>Approval Verification<br><br><br>QC / QA Coordinator<br>Approval |  |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |                                                                                                                                                     |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |                                                                                                                                                     |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |                                                                                                                                                     |  |  |
| <b>Root Cause</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Environment <input type="checkbox"/><br/>           Design <input type="checkbox"/><br/>           Doc/Data <input type="checkbox"/><br/>           Equip/Tooling <input type="checkbox"/><br/>           Handling/Pre <input type="checkbox"/><br/>           Material <input type="checkbox"/><br/>           Internal Transport <input type="checkbox"/><br/>           Tribal Knowledge <input type="checkbox"/><br/>           LOA <input type="checkbox"/><br/>           Substation <input type="checkbox"/><br/>           Past Expiry Date <input type="checkbox"/><br/>           Misidentified <input type="checkbox"/> </div> <div>           No Re-verification <input type="checkbox"/><br/>           Operator <input type="checkbox"/><br/>           Offset/Setup <input type="checkbox"/><br/>           Supplier <input type="checkbox"/><br/>           Training <input type="checkbox"/><br/>           Use for Testing <input type="checkbox"/><br/>           Poor Information <input type="checkbox"/><br/>           Rushing <input type="checkbox"/><br/>           Product Improvement <input type="checkbox"/><br/>           Process Improvement <input type="checkbox"/><br/>           Manufacturing Process <input type="checkbox"/><br/>           Past Due <input type="checkbox"/> </div> </div> |  | <b>FAULT CATEGORY</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Pressure/Forced <input type="checkbox"/><br/>           Bending <input type="checkbox"/><br/>           Centre Not Concentric <input type="checkbox"/><br/>           Cracks <input type="checkbox"/><br/>           Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>           Cuffs <input type="checkbox"/><br/>           Crushing <input type="checkbox"/><br/>           Heat Treat <input type="checkbox"/><br/>           Wave/Twist in Tube <input type="checkbox"/><br/>           Marks/Chatter <input type="checkbox"/> </div> <div>           Temperature/Cure <input type="checkbox"/><br/>           Set-up <input type="checkbox"/><br/>           BOM/Route <input type="checkbox"/><br/>           Broken/Damage/Defect <input type="checkbox"/><br/>           Inspection Incomplete/Unqualified <input type="checkbox"/><br/>           Contamination <input type="checkbox"/><br/>           Countersink <input type="checkbox"/><br/>           Cut Too Short <input type="checkbox"/><br/>           Instructions Incomplete/Unclear <input type="checkbox"/><br/>           Drill Holes <input type="checkbox"/> </div> <div>           Power Loss/Surge <input type="checkbox"/><br/>           Folio/Program <input type="checkbox"/><br/>           Grain <input type="checkbox"/><br/>           Weld <input type="checkbox"/><br/>           Wrong Stock Pulled <input type="checkbox"/><br/>           Out of Sequence <input type="checkbox"/><br/>           Off-set <input type="checkbox"/><br/>           Misabeled <input type="checkbox"/><br/>           Fit/Function <input type="checkbox"/><br/>           Misaligned/off center <input type="checkbox"/> </div> <div>           Positioned Wrong <input type="checkbox"/><br/>           Outside Dimensions <input type="checkbox"/><br/>           Over/Under tolerance <input type="checkbox"/><br/>           Part Incorrect <input type="checkbox"/><br/>           Part Lost/Missing <input type="checkbox"/><br/>           Part Moved <input type="checkbox"/><br/>           Drawing <input type="checkbox"/><br/>           Finish <input type="checkbox"/><br/>           Misread <input type="checkbox"/><br/>           Turning Sequence <input type="checkbox"/> </div> </div> |  | OTHER : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |                                                                                                                                                     |  |  |